Utah Department of Health
IMMUNIZATION PROGRAM
Immunize for healthy lives

Perinatal Hepatitis B Prevention Program
Case Report Form

Index Case Information:	**Expected Delivery:**	**Actual Delivery:**
Last Name: _____ First Name: _____ Address: _____ City: _____ Zip: _____ Home Phone: (_____)_____ Work Phone: (_____)_____ DOB: _____ Age: _____ County: _____ Health District: _____	Date: Hospital: **Lab Results:** HBsAg #1 Date: _____ Result (+ / -) : _____ Lab:	Date: Hospital: **Health Care Provider:** Name: _____ Address: _____ Phone: _____
	Race: ❑ Asian Unspecified ❑ Cambodian ❑ Chinese ❑ Thai ❑ Philipino ❑ Samoan ❑ Vietnamese ❑ Japanese ❑ Korean	❑ Black/non-Hispanic ❑ Black/Hispanic ❑ White/non-Hispanic ❑ White/Hispanic ❑ Am. Indian/Alaskan Native Other _____ **Case Manager:** _____ **Phone:** _____

Infant Information:	**Immunization Dates:**	**Post Serological Testing:**	**Health Care Provider:**
Last Name: _____ First Name: _____ DOB: _____ Gender: _____	HBIG _____ HBV #1 _____ HBV #2 _____ HBV #3 _____	HBsAg Date: _____ Result (+ / -) : _____ Anti-HBs Date: _____ Result (+ / -) : _____ Lab:	Name: _____ Address: _____ Phone: _____

Case Closed:
Date:

Reason:
❑ Infant completed (with serological testing)
❑ Can't locate ❑ Parent refuses follow-up ❑ Contacts completed
❑ Moved to _____ ❑ Other _____ ❑ Provider refuses follow-up

Comments:

FOR INFORMATION: Call the Utah Immunization Program (801) 538-9450, FAX Number (801) 538-9440.
Send a copy to the Perinatal Hepatitis B Prevention Program within 2 weeks of case being identified.
Retain a copy in your permanent files.

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Index Case Name ______________________________

Contact Information: **Contact Name/ Relationship to Mother**	**Contact DOB**	**Date Screened**	**Pre-Immunization Test Results**		**Hep B #1 Date**	**Hep B #2 Date**	**Hep B #3 Date**	**Administered By:**	**Post-Immunization Test Results**	
			HBsAg	**anti-HBs**					**HBsAg**	**anti-HBs**
			+ / -	+ / -				☐ Health Dept ☐ Private Provider ☐ Other:_____	+ / -	+ / -
			+ / -	+ / -				☐ Health Dept ☐ Private Provider ☐ Other:_____	+ / -	+ / -
			+ / -	+ / -				☐ Health Dept ☐ Private Provider ☐ Other:_____	+ / -	+ / -
			+ / -	+ / -				☐ Health Dept ☐ Private Provider ☐ Other:_____	+ / -	+ / -
			+ / -	+ / -				☐ Health Dept ☐ Private Provider ☐ Other:_____	+ / -	+ / -
			+ / -	+ / -				☐ Health Dept ☐ Private Provider ☐ Other:_____	+ / -	+ / -
			+ / -	+ / -				☐ Health Dept ☐ Private Provider ☐ Other:_____	+ / -	+ / -

Last update 10/08

Instructions for Completing the Perinatal Hepatitis B Prevention Program Case Report Form

Case managers must complete the Perinatal Hepatitis B Prevention Program Case Report Form ***within two weeks*** of receiving the case. The form can be faxed to (801) 538-9440 or mailed to the Perinatal Hepatitis B Prevention Program, PO Box 142001, SLC, UT 84114-2001.

Instructions for Index Case

- Complete the index case information with the mother's name, home/work contact information, date of birth, and expected delivery date.
- Enter the laboratory test results with the date tested and the laboratory name.
- Enter the mother's health care provider information.
- Enter the mother's race and ethnicity.
- Enter the case manager's name and telephone number.

Instructions for Contacts:

- Complete the contact sheet with the names and relationship to the mother. Include the contact's date of birth, date of serological testing and immunization dates.
- Indicate where the hepatitis B vaccine was administered.
- After immunization of the contact is complete enter the date and results for serological testing.

Instructions for Infant

- Enter the infant's name, date of birth and sex.
- Enter the date the infant received HBIG.
- Enter the dates the infant received hepatitis B vaccine for the entire series.
- Enter the date of post-vaccination serological testing and the test results.
- Enter the name and contact information for the infant's healthcare provider.

Instructions for Case Closure

- When all sections of the form are complete, please enter the date the case was closed.
- If the case is closed prior to completion of all sections, please indicate the date and the reason for closure.